

OCT 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Belknap
City Maryville Mo.

Registration District No. 623
Primary Registration District No. 3491
St. Francis Hospital.

File No. 34905
Registered No. 73
St. _____ Ward _____

2. FULL NAME

Bette Jean
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Stillborn
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Maryville Mo.
(STATE OR COUNTRY)

13. NAME L. D. Moody

14. BIRTHPLACE (CITY OR TOWN) Belknap Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lois Wood

16. BIRTHPLACE (CITY OR TOWN) Barnard Mo.
(STATE OR COUNTRY)

17. INFORMANT L. D. Moody
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Sept 8 1937

19. UNDERTAKER Canfield Funeral Home
(ADDRESS) 737 South Main Springfield Mo.

20. FILED 9-3 1937 Mamie E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Before Birth 31

22. I HEREBY CERTIFY, That I attended deceased from at Birth, 1937, to _____, 19____
I last saw him alive on death, 1937 Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

Evidence of Being dead several days before Birth and protracted.
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Harmon Day M. D.
(Address) Maryville

